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ORIGINAL COMMUNICATIONS.

CALCAREA CARBONICA. *

BY PROF. D. MACLEAN, M. D.

Lime is an important element in the human system. It is present in every tissue and fluid of the body. It forms more than fifty per cent. of the substance of bone, a little less than three parts in a thousand of muscle, and less than one part in a thousand of blood. It is important in the solid tissues because it gives them their proper consistency and solidity. If through any cause there is a deficiency of lime in the bone structure, the bones will soften and become distorted. A deficiency of lime in the muscular tissues causes flabbiness and lack of tone. A lack of sufficient quantity of lime in the blood and intercellular fluids interferes with cell growth and the processes of nutrition. Wherever we have an excess of growth, either healthy or diseased, we have excess of lime.

In the system, lime is mostly found as phosphate and carbonate. The phosphate, however, greatly predominates; but it is said by some physiologists that a portion of the carbonate is converted into a phosphate.

Reasoning from these facts lime is indicated in rachitis, osteomalacia, phthisis and scrofula, but as it is phosphate of lime which

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* Read before the State Eclectic Medical Society of California, December 9, 1884.

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predominates in bone, it is this preparation of lime that should naturally be prescribed where a deficiency exists in the bony structure. It is the phosphate that should also be prescribed both in phthisis and scrofula, as in those diseases there is an excessive elimination of phosphate of lime by the kidneys, and the deficiency thus caused may account for the breaking down of tissue, as no cell-growth or proper nutrition can continue without the presence of a sufficient quantity of phosphate of lime. Physiologically it is as rational to use phosphate in those diseases as it is to use iron in anæmia, and clinical experience bears out these physiological facts.

Calcarea Carbonica is an antacid and slightly astringent. It is used a great deal by homeopathic physicians, who claim beneficial results from its administration in various conditions of the system, and we can readily perceive on physiological grounds, that it would be a valuable agent in acid dyspepsia, where everything eaten rises sour, and in the vomiting of acid ingesta; also in cholera infantum where there is an excessive acidity of the stomach, with deficiency of biliary secretions.

Homeopaths claim that it has a special affinity for mucous membranes, controlling excessive secretions—hence they prescribe it, and consider it one of their most valuable agents in tuberculosis and excessive bronchial discharges, and I have no doubt but it possesses value in those diseases, but whether it is as valuable as the phosphate, in tuberculosis, is to me a matter of doubt.

They also claim that it influences the sexual organs both male and female, increasing the sexual desires and powers in the male, and in the female regulating the menstrual discharge, and arresting bath uterine and vaginal leucorrhœa, when the discharge is profuse and milk-like in character.

My own experience with the agent has been entirely in uterine catarrh. I have used it in a number of cases in the past year. In some with beneficial results, in others with no apparent benefit. The preparation used was the third trituration, given about five grains three times a day. From my observation of its action, I would prescribe it with some confidence in leucorrhœa where the tissues were flabby and lacking in tone, and in patients disposed to fleshiness, presenting apparent plethora yet deficient in strength and vital force. The cases I failed to benefit with cal. carb. were all benefited by a combination of viburnum, macrotys and caulophyllum, and some entirely cured without any local application except hot water. In this connection let me say, that the best remedy I ever found in those cases was rest. It is immaterial what treatment you may use, without rest you will have more failures than successes to report.

PROF. MACLEAN'S CAMPAIGN.

EDITOR CALIFORNIA MEDICAL JOURNAL: In compliance with your request that I should write on "Materia Medica," for the JOURNAL, I have concluded to do so, and will give you my first contribution, for this issue, which I hope to continue from time to time. I shall classify agents as they influence tissues and organs, giving their physiological action and their therapeutic indications. I believe this is the only way to study materia medica scientifically. In these articles I shall not give their therapeutic uses at present, but may do so at some future time. What I purpose doing is to group all agents together that influence a certain tissue, and give their action on that tissue. For instance, we have a number of agents which influence the circulation, others which influence mucous membranes, and so on, throughout the whole system. Where an agent influences several tissues, its action on each tissue will be considered separately.

D. MACLEAN.

AGENTS WHICH INFLUENCE THE CIRCULATION.

ACONITUM NAPELLUS.

Physiological Action on the Heart and Arterial Capillaries.—Aconite influences the circulation through four different centers:

1. The pneumogastric nerves.
2. The nervous ganglia of the heart.
3. The muscular tissues of the heart.
4. The vasomotor nerves.

Toxic doses of aconite stimulate the inhibitory centers of the pneumo gastric nerves, similar to a current of galvanism, and thereby slow the heart. Finally, they exhaust and paralyze their action. With the reduction of the pulse there is a steady sinking of the arterial pressure.

Aconite directly stimulates the ganglia of the heart, paralyzing its action with a reduction of pulsations, then a temporary increase, owing to the paralysis of the inhibitory centers, finally irregular systolic movements with intervening pauses, longer and longer between each beat, until at last there is diastolic arrest. This same action has been observed when aconite is applied to the heart after its removal from the body, with the exception of the increased rapidity of its beat.

It acts on all the structures of the heart and destroys the contractility of its muscular fibers, so that it fails to respond to the stimulus of galvanism.

It produces paralysis of the vaso-motor nerves, so that after the administration of toxic doses, we have congestion of the arterial capillaries, with inflammatory symptoms.

In small therapeutic doses, of about ¼ drop of a fluid extract, repeated every hour or two, aconite reduces the *force* and *frequency* of the pulse, producing a sense of muscular weakness.

Therapeutic Indications.—A quick pulse with strength of heart, as shown by the resistance of the pulse, with dry, hot skin. With these indications aconite can be used when we wish to lower arterial tension and promote diaphoresis. I am aware that some authorities assert that aconite in small doses is a heart tonic, and should be used in a quick feeble pulse. From its physiological action I cannot perceive how it can be a tonic. A large dose destroys the contractility of the muscular fibers of the heart, and a small dose acts in the same direction, only in a less forcible manner, in proportion as the dose is smaller. A large dose paralyzes the cardiac ganglia; a small dose affects it in the same direction in proportion to the size of the dose. The heart may increase in force as it decreases in rapidity of movement from the use of small doses as aconite first influences the nerve centers and nerves, and last the muscular tissues. From its inhibition action, which is its first action, it reduces the frequency of the pulse, and it may become stronger, but not from any tonic influence it has on its structures. I believe that if aconite is given in a quick feeble pulse, it should be combined with digitalis, which is a positive cardiac tonic.

SURGICAL ANATOMY AND OPERATIVE SURGERY OF THE EXTERNAL CAROTID ARTERY AND ITS SURGICAL BRANCHES.

BY J. L. BERRY, M. D.,
Surgeon to the Santa Clara County Hospital, Physician to the Santa Clara County Almshouse and County Physician of Santa Clara County.

The terminal branches of the common carotid differ greatly in regard to the manner of their distribution. The external carotid gives off a great many branches, allowing but limited space between them for the successful application of the ligature, the internal carotid being devoid of branches.

Ligation of the external carotid is required in some cases of wounds or tumors, but is seldom attempted on account of the large number of branches given off so close together, the operation of ligating the common carotid being performed instead.

From my knowledge of the anatomy of the external carotid arteries, together with the clinical experience I have had in such cases, added to the experience of some eminent surgeons, I firmly believe that the common carotid should not be ligated for the purpose of arresting hemorrhage from the external carotid or its branches, in view of the fact that the rate of mortality is so great from its ligation, being one in three, while only four per cent. in ligation of the external.

For the ligation of the main trunk after careful examination as to distance between its numerous off-shoots, it may be divided into three surgical divisions, viz: from the origin of the superior thyroid, opposite the bifurcation of the common carotid, to a point corresponding to the origin of the ascending pharyngeal, a distance of about one-half of an inch.

The second division extends from the last named point to the posterior auricular, a little less than two inches above the center of bifurcation of the common carotid.

The third division constitutes that portion above where it is at least questionable if operative proceedings should be undertaken for the purpose of ligating the artery, as the last inch of the vessel is covered by large veins, and filaments of the facial nerve, always giving off to the parotid gland, nutrient branches, and many times branches to the face, making it unsafe to invade this division for the purpose of ligating the artery.

In about eighty per cent. of cases there will be found one-half of an inch of space in the first surgical division in which there are no branches given off.

No attempt should be made to ligate the artery from between one-half and one inch above the bifurcation, on account of the numerous vessels given off, while at a point one and a half inches above the bifurcation the artery can be ligated in almost every instance without any trouble.

To ligate the external carotid in the first surgical division, draw a line from the sterno-clavicular articulation to the tragus of the ear, and make an incision one and a half inches long, one-half inch in front and parallel with the line. The center of the incision will be one-fourth of an inch above the upper border of the thyroid cartilage. The superior thyroid vein will be found by cutting carefully between the platysma and sheath of the artery, and sometimes you will find anastomosing veins between the anterior and internal or external jugular. Sometimes you will find the lingual and facial united in a common trunk with the superior thyroid. These vessels may be held aside by retractors or ligated and cut, as is most convenient to the operator.

The hypoglossal nerve sometimes comes down as low as this but not often. It must be looked for. Sometimes its thyro-hyoid branch crosses the incision obliquely. The main trunk of the nerve should be drawn upward and after the sheath of the vessel is opened, the aneurism needle should be passed from the outer side keeping as close as possible to the artery, always taking the precaution to examine the vessel before applying the ligature, and if more than the usual half inch of space, the ligature can be removed farther than the usual one-fourth inch from the origin of the trunk. Great care should be taken to not include the internal carotid and the hypoglossal nerve in the ligature, which may be the case if care is not taken.

In case the temporal, posterior auricular, internal maxillary, or external carotid, between these vessels is wounded, or ligation is required from any other cause, the point to select for ligation should be the external carotid above the origins of the facial and occipital, one and a half inches above the bifurcation of the common carotid. The incision should be parallel with the line in the preceding operation, but midway between it and the preceding incision; at the lower border of the digastric muscle. About the center of the line of incision will be found some veins which must be ligated and divided. Now draw the muscle toward the jaw with a suitable instrument, such as a blunt hook, and the vessel can be tied underneath it. Due care should be taken to ligate a sufficient distance above the origins of the occipital and facial arteries.

I believe that if every surgeon would take the time to examine into this subject more carefully, he would soon abandon the old plan of ligating the common carotid for injuries of the external carotid and its branches, as under that treatment one in three die, while only four per cent. die from ligation of the external carotid.

San Jose, December, 1884.

PRESIDENT'S ADDRESS TO THE STATE SOCIETY.

GENTLEMEN: It affords me great pleasure to meet the representatives of electic medicine in annual convention. I trust and expect that every member has come prepared with an essay or a report that will advance the cause of liberal and progressive medicine on the Pacific Coast.

The subjects assigned take a wide range, and are of interest to every physician.

The investigation of the physiological action of drugs began last year, and the valuable reports thereon, have awakened an interest among physicians that will not only result in "an improved practice of medicine," but a still increasing "improved practice of medicine."

My worthy predecessor at our last meeting recommended that a prize of $25.00 be offered for the best essay upon some indiginous drug of the Pacific Coast. The agent for this year is Grindelia Robusta, and we hope the competitors will be many.

The physicians appointed to act in conjunction with the faculty in conducting the examinations for graduates at the last college commencement, performed the duty assigned them in a thorough and rigid manner, and I most heartily recommend that such a committee shall be appointed for the ensuing year.

I would call your especial attention to the necessity of changing the date of our annual meeting from December to April. There are many reasons why this should be done. December being a month when there is much sickness, country physicians are obliged to remain away. By changing the date to April, affords an opportunity for all to attend, besides the meeting may be at the close of the college year, when physicians may attend the annual commencement exercises. It also identifies the graduates with the State Society.

Thanking you for the honor of presiding over your deliberations, I trust that we shall have an interesting and harmonious meeting.

DISEASES OF THE ANTRUM OF HIGHMORE.

BY F. CORNWALL, M. D.

About two years ago, I published an article in this JOURNAL, on this subject. I reported an unique case and gave my opinion, which was somewhat at variance from authorities on the subject, in that incipient cases of abscess of the antrum were quite frequent and that the symptoms were very obscure. Having had a number of cases since, the character of which confirms that opinion, I will report some, hoping the reader may be benefited thereby.

Dr. R——, dentist, had suffered with nasal catarrh for two or three years. There was nothing characteristic about this catarrh, other than that the breath became bad, and the discharge was not of the kind that usually produces this condition. The condition of the mucous membrane would warrant all the discharge which was present. The only symptoms to guide one to suspicion antrum disease were slight uneasy sensations occasionally, over the affected antrum, with a similar sensitive condition of a second molar tooth. While the doctor was in the mountains recreating he caught a violent cold trout fishing. So violent an inflammation resulted as to produce suppuration. The discharge was profuse, the odor of which was unbearably offensive.

Upon returning home he presented himself to me, and on examination I made the diagnosis of antrum disease. Looking back over the year and a half I had treated him, I recognized the source of his persistent and offensive catarrh. I had never elicited from him the facts, regarding the uneasy sensations about his antrum, or the sensitiveness of his molar. So much for neglecting details in examination. I had the opinions of a number of dentists regarding this case, including the patient himself, who is a prominent member of the profession, yet none of them had a positive opinion and I was obliged to assume the responsibility of operating myself. The sensitive molar was extracted, and a drill, (or, more properly, a cylindrical saw,) was sent into the sinus which was found full of fetid pus.

CASE 2. Mrs. B. had had disease of the left superior canine which, after extraction left a disease called by her dentist "necrosis of superior maxillary," and which he treated and pronounced cured. During and since the time of trouble with the canine tooth the lady has suffered with tenderness of the roof of the mouth corresponding to the root of the diseased canine, and also with pain, or an uneasy sensation in the left nasal fossa in the region of the middle turbinated bone. There had never been pain, or any kind of morbid sensation in the antrum, but occasionally the skin over this part would become flushed, as a hectic cheek would look. There was well-marked naso-pharyngeal catarrh and some hypertrophy of the mucous membrane of the nasal cavities. The only peculiarity of the discharge, which always was drawn backward into the pharynx, was, that it was not persistent. There would then be a full sensation referred to the locality of the base of the middle turbinated bone. Suddenly, the discharge would commence, and this symptom of fullness would disappear.

When I decided to operate for antrum disease, I permitted the patient to choose her own dentist. The first, a deservedly eminent one, said there might be antrum disease but made the excuse of not having time to operate, while the second one urged and begged me not to operate. They so far frightened my patient that she deferred the operation for several months. The symptoms being unbearably annoying she acknowledged her willingness to undergo any operation that in my judgment I thought might give her relief. This time I chose a dentist who asked no questions. The operation was performed very quickly while under the influence of gas, and the cavity was found full of very tough mucus and a more dense substance very much resembling glue. The symptoms so much complained of, were immediately relieved.

I would just remark that this patient had had the opinions of a number of doctors who make diseases of the throat and nasal cavities a specialty, and but one of them referred the disease to the antrum. Now, we may infer from such experiences as this, that inflammation and abscess of the antrum of Highmore are quite common and are overlooked by the average physician and dentist. Coming as it does within the domain of the dentist, it would seem that they would be more decided in their opinions, and would not be so timid about operating. In the incipient stages of this affection the disease may be nothing more than a catarrh, but from the fact that most cases come from disease of teeth and alveolar process, of a necrotic character, sooner or later the bone will become involved. The way of exit of secretions from the antrum is quite small and if of very great consistency the secretion will remain and decompose, and its more fluid parts will evaporate and pass out leaving a more or less solid plug of detritus. This may remain for months and when parts of it get into the nasal cavities the patient will be cognisant of it by the odor. It is my opinion that disease of the antrum seldom comes from extension of disease of the nasal fossæ, but that it mostly originates from carious teeth.

The operation by drilling into the antrum is very simple and unattended by danger, so the surgeon is justified in insisting on the procedure upon even a well founded conjecture or suspicion that disease exists in this part. The pain usually points to the region of the way from the antrum to the nasal cavities. By plugging the middle meatus with absorbent cotton the discharge, if from the antrum, may be made to cease, which is one of the most valuable aids in determining whether disease of this part exists.

As an expedient in the treatment of the disease the opening had better be made quite large so that the patient can cleanse the cavity of the antrum by taking a solution in his mouth and squirting it through into the nose. In some cases a drainage tube is necessary but more generally not.

OF FEVER IN GENERAL.

BY H. T. WEBSTER, M. D.

The word fever is derived from the Latin *febris*, signifying to grow warm. Fever, as a rule, is characterized by an increased temperature of the body, though this may, apparently, be a misstatement, for in some febrile conditions, during the chill, for instance, the cutaneous surface, especially of the extremities, may be cold. But, usually, in these conditions, the clinical thermometer placed within the cavities of the body bears evidence of elevation above 98.5° Fahrenheit. However, careful analysis determines that in exceptional cases fever-producing causes result in morbid states, in which the temperature, as for instance, occasionally, the chill of intermittent fever, is below the normal standard.

Fever may arise spontaneously, that is, some specific cause may originate an agitation of the circulating fluids, attended by elevated temperature, chilliness, febrile reaction, arrested secretion and excretion, prior to the establishment of any local disease. This condition may be followed by various sequelæ, as for example, chronic splenitis in ague, inflammation of Peyer's patches in typhoid fever, or interstitial nephritis in scarlatina; but in such cases the local disturbance follows as a result of the spontaneous or specific fever-producing cause. Such fevers, whether complicated with local disturbance or not, are termed *Idiopathic.*

But there are conditions where fever plays an important part, other than in the instances just noted. It is associated with other forms of disease, as an *effect* of those morbid conditions. Here it plays a secondary or subordinate part, depending for its cause upon some local irritation or inflammatory condition. We may instance pneumonia, in which inflammation of the lungs gives rise to the phenomena of fever, or enteritis, the difference between the fever of the latter condition and typhoid being that typhoid is caused by a primary poison in the blood, the inflammation of Peyer's patches being one of the results; while simple enteritis would arise from local irritation, independent of a febrile state, and bring about fever as a secondary result. Indeed, the causes of such febrile conditions might be almost legion—any form of febrile action depending for its cause upon inflammatory action in the system, whether from interstitial changes or from mechanical injury. This class of fevers has been termed by medical writers *Symptomatic*.

Idiopathic fever is divided into two groups, periodic and continued. Periodic fevers are divided into intermittent fever or ague, and remittent or bilious fever. Continued fevers are described variously by different authors. As most important may be named synochus, or inflammatory fever; synochoid, or common continued fever; typhoid, or enteric fever; yellow fever, or black vomit; typhus, or jail fever; typho-malarial, or continued malarial fever, and the exanthemata, as small-pox, scarlet fever, measles and varicella.

The character of an idiopathic fever, as a rule, may be a very positive reference to its origion. Periodic fevers usually originate from the influence of vegetable decomposition—malaria. Continued fevers, on the other hand, depend usually upon animal decomposition, either the result of the retention of effete material within the economy, or its entrance in a microcosmic form from without; while the exanthemata, corresponding with the type of continued fevers, depend upon specific animal contagion —contact of the well with one affected, producing the disease within a stated period of time.

To these general propositions there are a few exceptions; a periodic fever sometimes existing where there is no evidence of malarial surroundings, and in which the means of interrupting malarial periodic fevers fail to produce curative results. However, such cases are so very rare as to scarcely merit consideration here. On the other hand, nearly all so-called continued fevers manifest a periodic tendency, remissions and exacerbations, occurring daily; those cases, wherein such periodicity cannot be detected, being of a very serious nature, usually proving fatal, unless there be an establishment of diurnal remissions within a short time. While, then, the remissions of continued fever are not so marked as those of periodic fever, periodicity is an element in their thermometric history.

In the present day, the essence of cause of idiopathic fevers, as well as of all contagious diseases, is a subject of considerable agitation. Two theories as to its character struggle for supremacy.

These are first, that of *zymosis*, and second, that of *micro-organisms*.

The doctrine of zymosis, has claimed the acquiescence of medical authorities for a long time in the past, although the idea that organisms figure in certain malarial and contagious diseases is not new. Certainly zymosis must, it seems, exert an influence in certain cases. Let us suppose a case, for instance, where a typhoid or common continued fever, resulted from the retention within the body of broken-down elements, detritus which the emunctories should have removed. This, being retained in the circulation, would apparently act as a ferment, and give rise to an agitation of the entire circulation through the irritation exerted upon the vaso-motor nerve centers. But since it has been shown that the principle of fermentation is an organic creation, we can hardly consider zymosis as anything but micro-organic growth.

The subject of micro-organic etiology of fevers comprehends the introduction into the circulation of minute organisms which undergo rapid multiplication within the blood-vessels and tissues, until the circulating fluids become charged with so much of their influence that the disturbances characterizing febrile action result. That malarial disease, and all fevers resulting from imbibition of the surrounding medium, might thus arise, seems quite possible, and as scientists assure us the micro-organisms peculiar to certain forms of fever have been accurately defined, we rest in the belief that time will yet solve these problems to the satisfaction of coming generations if not to ours. None deny that the micro-organisms exist as stated; but some deny that they are the cause of disease, asserting their presence, simply a natural or accidental phenomenon.

The symptoms of fever vary not only in the different forms but in different individuals in the same form, so that we find hardly two cases alike, each case being an individual one which demands careful inspection and an adapted treatment. However certain symptoms may be named as common to all fevers. First may be mentioned elevation of the temperature, and this sympton is often attended by an increased rapidity of the circulation, though in some adanymic forms the circulation may be feeble and slow with elevated temperature of internal parts though the extremities be cool or cold. Another symptom is arrest of secretion; the disturbance of the sympathetic system perverts its power of presiding equably and normally over the processes of life; the skin becomes dry if the fever be of long continuance, or if it be of that variety termed hectic, there are alternations of constriction and dryness with abnormal relaxation and transpiration. The kidneys also fail to excrete the natural amount of effete material, the urine being scanty and high-colored. The dryness and constriction of the skin seems reflected upon the mucous membranes. The mouth and lining of the nasal cavities, and also of the bowels is dry and hot; defecation being delayed, unless the stools be urged by artificial means, except where some lesion of the part tends to the exit of unnatural discharges. The nervous system also partakes of the general disturbance. There is nervous irritability going on to extreme sensitiveness to light and noise, and reaching a condition of active delirium when highly developed, or else there is oppression of the nerve centers with dullness, drowsiness and tendency to stupor and coma. These conditions give rise to the various unpleasant sensations described as aching, in the head, back and limbs, which become, in many cases, an extremely unpleasant and persistent symptom.

The result of an elevated temperature is increased oxidation. The tissues must suffer during the existence of febrile action. If the fever were evanescent, these changes would hardly be marked; but when the febrile action is prolonged, the inevitable result is marked and far-reaching devitalizing changes in many of the tissues of the body. As shown by many autopsies made upon deceased fever patients, the lungs, the heart, the liver, the spleen, the kidneys, and the muscles, all bear evidence of the degenerative influence of the prolonged pyrexial action. In typhoid, typhus and other acute specific fevers, as well as in severe symptomatic fevers, marked alterations occur. Upon inspection, the tissues are found to be swollen, diminished in consistence, and abnormally friable. Changes occur in their vascular supplies, vascularity being increased or diminished. Microscopically examined, the cells are found to be increased in size and altered in structure. The protoplasm has undergone granular degeneration, so that the nuclei are obscured from vision.

Such tissues lack the integrity to resist the influence of ordinary physical impressions, and breaking-down not unfrequently occurs. Thus we have congestion, stasis, and final dissolution of lung structure, following upon a continuous position on the back, the result of hydrostatic pressure—simple force of gravity—in which galloping consumption may put an end to life; or we may have interstitial nephritis, abscess of the liver, or feeble cardiac action, as a result, purely, of prolonged excessive oxidation of tissue. That these changes occur should be borne in mind, in order that proper care be observed during convalescence to shield the patient from over exertion, exposure and other risks, until the tissues reassume their tonicity. Frequent changing of position, during the course of continued fevers, is also important, that the force of gravity may be counteracted.

Fever may be divided into four stages: first, a forming stage; second, a cold stage; third, a hot stage; and, fourth, a stage of decline or crisis. These are not always well marked, and one may be particularly prominent in certain cases, partially obscuring the others; thus the cold stage may be the only noticeable one of a congestive intermittent, or the hot stage of an inflammatory fever. However, all are prominent in certain cases.

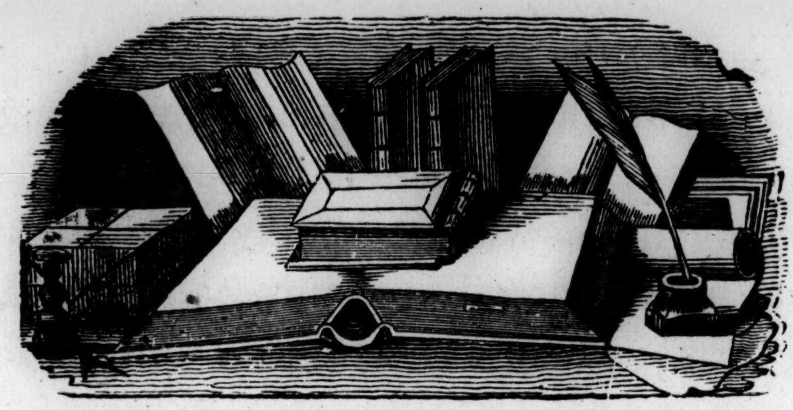
The forming stage comprehends the prodromal symptoms of febrile progress. It is marked by general malaise, debility, lassitude, disinclination to exertion, either mental or physical, perversion of function, as manifested by anorexia, sallowness of complexion, dryness of skin, constipation, headache, and lack of urinary secretion. Wandering pains in the muscles may be complained of. These symptoms are but initiatory of what follows; the entire economy being deranged by a morbid element in the blood which interferes with the functions of both animal and vegetative life.

Continuing for a greater or less length of time, usually a number of days, the second stage becomes developed, and the patient becomes conscious of a sense of chilliness. The extremities become cold—the hands and feet, the tip of the nose—and the pulse oppressed; chilly sensations creep along the spine, the skin becomes bluish, cold, dry and constricted and the papillæ elevated. Nausea and vomiting, headache, muscular pain and nervous agitation may now be prominent symptoms. Secretion is almost entirely arrested. Sometimes the chill is but faintly marked; again it may amount to a prolonged rigor, in which the patient is convulsed with shivering, chattering of teeth and nervous agitation.

Reaction marks the beginning of the succeeding or hot stage.

Generally, in from half an hour to two hours, the chilliness passes off, and flashes of heat radiate over the body, alternating with the waning chilliness of the preceding stage. These soon predominate until the surface becomes hot and burning. The circulation now becomes rapid, the pulse full and frequent, the face flushed. Injection of the conjunctiva, and dryness of the mouth and nostrils attend. Muscular pain may now be intense, the muscles of the back, limbs and head being involved, the patient suffering much from this, added to the nervous erethism consequent upon the exalted condition of the circulation in the nerve centers. Dryness of the skin and mucous membranes, scanty excretion of urine and general arrest of secretion attend. This stage may continue for a few hours or it may continue for weeks, until the climax being reached, the symptoms abate; a gradual decline of the fever occurs, the skin becomes moist and cool, and the urine passes freely, depositing a sediment. General relaxation follows, the pain and nervousness subside and the temperature falls to the normal standard, marking the stage of crisis. This stage, like the others, varies, reaction sometimes being only moderate, the patient suffering more in the preceding stage.

The temperature during the forming stage is usually a little above the normal standard, perhaps half a degree, perhaps a degree or more; during the chill it may rise still higher, though it has been demonstrated that it may fall a degree or more at this time. During the hot stage it rises three, four, five, six, or seven degrees above the normal standard, and it may advance still higher. With the stage of decline it descends until the normal line is reached, marking the establishment of convalescence.



EDITORIAL.

The New Year in California.—The year opens with no reason for complaint upon the part of our school on this coast. That we are few there is no dispute, but knowing the fact we are better prepared to put forth our best efforts for prominence and success.

One hopeful prospect is the gradual infusion of new members into our ranks. There is room for new eclectics here and will be for years to come, provided the cause is represented by successful representatives—physicians who are competent to manage diseases a little better than their competitors.

We need to exercise a constant vigilance that we do not degenerate or fall behind the times in a knowledge of curative means. Every month brings us something new and very often something of real value. We should be on the alert to grasp these opportunities as they arise, lay hold of new ideas, test and prove or disprove, and having once found something new or good the next move should be to impart it to our fellows through the press.

New remedies do not offer the only opportunity for advancement. Old ones possess may new uses that are capable of being developed. Let California Eclectics do their full share in this direction.

The indigenous remedies of our country should receive our most careful attention for they posess many superior virtues not yet developed, and thorough investigation may enable us to add much to the eclectic materia medica. Who of our readers will immortalize himself in the coming year by developing a superior use for a California remedy?

It is not to be supposed that every new idea will prove of all the value that the first announcement may set forth, but even a slight improvement in a certain direction upon old means and methods will be worthy our efforts.

Surgery is also a progressive science, and it behooves us to know what is going on in the surgical world. Even though we do not give special attention to this branch we are not well qualified practitioners of medicine if we do not know what is being done in this directon. As much might also be said of gynæcology, opthalmology and other specialties.

Let us have the proper amount of enthusiasm without bigotry or prejudice, and we stand in a position to outstrip all other classes of practice in the world, for no other can avail itself of such wide resources.

We desire the profession to know that the latch-string is out, in the shape of a standing invitation for contributions to our original communication department. We prefer not to publish personalities as a rule, though we believe that truth developed even in this manner may sometimes be of advantage to the cause to "point a moral or adorn a tale."

The Editor does not assume any responsibility for opinions expressed by contributors. During the past year certain communications of a personal nature have been forwarded which we have seen fit to publish, and as no one in this day of freedom should be condemned without a hearing we have published replies.

We wish it understood that we do not suppress articles unfavorable to the opinions of Dr. Webster, or any other man; what we want is healthy discussion, that the tree of knowledge may bear fruit. In these times such fruit is not a forbidden luxury. They who will, may partake freely thereof.

Ether vs. Chloroform.—In the October number of the Chicago *Medical Times* the editor makes mention of a death by chloroform, and the autopsy revealed paralysis of the heart; and further he says: "Many of our American surgeons have a liking for chloroform because anæsthesia can be produced much quicker by it than by sulphuric ether; but the latter agent is much the safer anæsthetic."

To his statement that it is much the safer we will agree, but when he states that chloroform is much the quicker anæsthetic we think him unfamiliar with its use. We admit when sul. ether is used, as is the custom to use chloroform, that it takes longer to produce anæsthesia, but that this should be the case we deny. To properly administer chloroform, allowing a sufficient amount of oxygen to be inspired with the anæsthetic to make it safe, a half hour is often necessarily consumed; while by ether, with much greater safety, anæsthesia may be induced in less than half the time. There are a great many physicians who, having been trained to use chloroform, know nothing of how ether should be administered, and consequently condemn its use. Using it as they do chloroform they get the stimulant effect of the ether, which simply makes the patient unmanageable and sick at the stomach. After three-quarters of an hour of such unpleasantness the patient may succumb.

Now, in most patients ether should be administered so that anæsthesia will be induced in five or ten minutes, and this should be done by shutting off atmospheric air, only admitting such an amount as may get through a few thicknesses of a towel. You must literally smother your patient with the ether, and then you will find that it acts more safely, and very much more pleasantly, than by the slow method.

It is, we believe, a demonstrated fact, that the mortality by ether is a very much less per cent. than by chloroform, and why so many of our physicians and surgeons continue the use of the latter can be accounted for in no other way than that they do not know how to use the former. C.

Pilocarpine in Facial Erysipelas.—The constitutional treatment of erysipelas has been rather unsatisfactory in the past. Many cases get well, but recovery has often been tedious under old methods of management. Tincture of chloride of iron and quinine may be the proper treatment for facial erysipelas, but we choose to be a little in advance of this plan.

We have had reasons to feel satisfied with the action of rhus tox and belladonna in treating these cases, and possibly these are yet the best remedies at our command. Rhus tox especially exerts a marked influence—through tissue affinity probably—upon the tissues of the face often acting promptly to subdue œdematous swelling and discuss the erysipelatous blush in a few hours. We employ ten drops of good tincture of rhus tox to four ounces of water; dose, a teaspoonful every two hours. This should not preclude the employment of prominently indicated adjuvants at any time.

Prof. DaCosta (Philadelphia *Med. Times*) reports a case of facial erysipelas speedily relieved by the hypodermatic use of one sixth grain of pilocarpine.

When the drug was admintstered the œdema and redness were rapidly spreading, the result of whisky and a blow in the eye, the outcome of earnestness in political affairs, followed by a night's bivouac in the open air.

The use of the remedy was followed by a remarkable subsidence of all the symptoms in a few hours, only the one dose being employed and no local application whatever.

The same authority asserts that he has employed the jaborandi in erysipelas for the last five years with flattering success. The dose employed has usually been sufficient to produce free perspiration and repeated every two hours until the swelling subsides.

Our readers may possibly bear this in mind with profit, especially those who lack the faith to depend upon small doses. Jaborandi may be given in drachm doses and will produce no untoward effects except a disagreeable ptyalism and pharyngeal secretion unless continued for too great a length of time, when debility of the heart is likely to result.

An Epitaph for a Surgeon.—Bill Nye ranks high among the brightest humorists of the day. His power of passing from the sublime to the ridiculous in a twinkling, is not surpassed, probably, by any man living.

Bill loves, among other things, to tell a story on the doctors occasionally, and probably nobody enjoys such stories quite as well as the doctors themselves. One of his latest is the description purported to have been furnished by an old timer of his regimental surgeon, who began his professional career by conducting a kind of "cow foundling asylum" in Utah. In other words, before entering the army he was a cow doctor.

After relating some wonderful cures alleged to have been described by the doctor, he remarks that the doctor was always telling of his triumphs in surgery, and that finally he did save a good many lives toward the end of the war. It came about this way: while measuring a patient for a porous plaster one day, he laid the stub of his cigar down on the end of a powder keg. Soon after there was a slight atmospheric disturbance, the smell of burnt sulphur and clothes, and the regiment had to apply for a new surgeon.

The wife of the former incumbent wrote to have her husband's remains forwarded to her; but she was informed by return mail that it would be very difficult to do this on account of the nature of the accident. She was informed, however, that an upper set of artificial teeth had been found imbedded in a neighboring palmetto tree, and that they had been buried with military honors, a very large board being erected over the grave, bearing the following inscription:

"Not dead but spontaneously distributed. Gone to meet his glorified throng of patients. Ta-ta, vain world."

Gonorrhœal Epididymitis.—The successful treatment of this condition is not always an easy matter, simply because the physician is not posted upon the proper means. Strapping of the testicle, the use of the special sedatives, with phytolacca and pulsatilla as remedial agents, have afforded us the best results.

Dr. Younkin (*American Med. Journal*) comes to the front with a remedy for this complaint which he commends with the positiveness of one who is confirmed. He asserts that it exerts a specific influence upon the inflamed part to bring about restoration within a few hours. If so it is certainly deserving of notice. It also possesses the credit of being one of the favorites of old-time eclecticism—one of the substitutes for mercury, that prince of chologogues, so it would possess the additional virtue to some of being capable of "stirring up the liver." We refer to the resinoid of the mandrake—podophyllin.

And now the query comes up, Have any of our homeopathic provers suffered from gonorrhœal epididymitis while testing this agent? Of course, when they come to employ it for the purpose of cure it will be found to produce something akin to it, something very "*similar*."

Dr. Younkin prescribes the podophyllin as follows:

℞ Podophyllin, gr. ii.
Potassæ Bitart, ʒ ii.

M. Ft. chart No. xii. Sig. Take a powder every two hours until thorough action upon the bowels results.

The pain usually ceases after two or three doses and the inflammatory condition subsides upon the occurrence of catharsis. The use of chloral, bromide potassium and gelseminum, in combination is commended to promote rest until the curative action of the podophyllin is obtained.

Another Local Use for Grindelia Robusta.—As the majority of our readers know, we have referred to the use of grindelia a number of times as a valuable application in rhus tox, poisoning, in the proportion of one drachm of the fluid extract to eight ounces of water, to be applied freely and often to the affected surface.

Dr. Gatchell, in the New York *Medical Times*, commends the same agent highly as a topical application in the treatment of stings and bites of insects.

He says: "For some years I have given to patients bound for countries infested with insect pests, a lotion of grindelia robusta, and upon their return they would invariably report that it was all that could be desired as an application to stop the itching, and promote the healing of the mosquito or flea-bite. One lady told me that while in Florida her children would come to the house in the evening completely "fiescoed" with insect stings, which would 'nearly drive them crazy,' but that after bathing them and applying the lotion, they would quickly drop into a peaceful sleep to awake in the morning free from any pain or itching, till they had encountered the pests that day; when the same process would be gone through with in the evening."

PARKE, DAVIS & CO., of Detroit, Michigan, of world-wide reputation as manufacturing chemists, have our thanks for a tasty New Year's card.

Picrate of Ammonium.—A number of years ago the picrate of ammonium was highly extolled by certain medical journals as a remedy for ague. Being at that time in a malarious district, and having some stubborn cases of intermittent fever, we sent for a quantity and proved its eminent worthlessness in that affection.

Later we have had occasion to test it in whooping-cough and have been better pleased with its use. The agent has acted promptly in the majority of cases where we have tested it.

The extreme bitter taste of the drug is an objection to its use, and the one-fourth and one-half grain sugar-coated pills contain too large a dose for our purpose here. We have employed a trituration in sugar of milk, carrying it up to the third decimal trituration—not that we believe the trituration adds to the potency, but because it conveniently attenuates the dose to the desired size. Of this we employ a grain in a gelatine capsule. This is rather an awkward form for administration to small children, but the best we have found thus far.

We suggest its use to our readers in intractable cases that refuse to yield to drosera, castanea, coccus, or other favorite remedies.

The Night Sweats of Phthisis.—A recent number of the New York *Medical Journal* contains an account of a series of experiments, made by Dr. C. M. Cauldwell, with a number of remedies usually employed for arresting the night sweats of phthisis, with important results. Each drug was tested in from fifteen to twenty-five cases.

Among the prominent ones tested were atropine, ergotine, digitalis, aconite, paracoto bark and salicin. A number of these proved efficient in arresting the cutaneous exudation, but a number of unpleasant results were discouraging to their established use for the requisite purpose.

For example atropine, while capable of arresting the sweats, provoked dryness of the throat, insomnia, anorexia and diarrhœa. Ergotine, a remedy strongly recommended by DaCosta, also exerted a pronounced influence upon the excessive discharge, but caused various unpleasant disturbances of the system, as nausea, colicky abdominal pains and other gastro-intestinal disturbance. Aconite succeeded in minute doses, without producing other unpleasant disturbances, but its influence finally ceased and the sweating returned without further response to its influence. Some of the agents failed to even influence the affection in the least.

The agent settled upon as most promising in its effects was the picrotoxine. It caused no unpleasant effects whatever. Administered to twenty consumptives, it checked the perspiration entirely in seventeen of the cases, or so far diminished them as to do away with any disagreeable sequences. A single full dose at bedtime was sufficient to control the sweating for twenty-four hours in the majority of cases. The dose recommended by Drs. Ringer and Murrell is the one hundred and fiftieth of a grain, but this observer found it quite too small to act promptly and positively. One-fortieth of a grain at bedtime, and repeated after midnight, was the quantity usually employed.

The value of this agent in phthisical sweats will suggest its use in the prostrating sweats attending other debilitated conditions where a remedy is fully as important as in phthisis. As it evidently has an affinity for the sudoriparous glands and an influence to impart tone and energy to them, it ought to act well in any case of relaxation of these parts.

Picrotoxine is an alkaloid of the cocculus indicus which has some reputation among the homeopaths in menstrual colic and headache, chorea and other nervous conditions connected with the menstrual function. This use of its alkaloid is, however, comparatively new to them. Triturate one grain with forty of milk and administer a grain of this at a dose, or if a smaller dose is required increase the proportion of the vehicle.

Prof. Maclean's Campaign.—Prof. Maclean, it will be noticed, begins a series of articles on the subject of Materia Medica in this number. The topic is an important one and he is competent to make it interesting and instructive. His plan of study is in a great measure original, and we believe it will afford a comprehensive scheme for the presentation of the subject in its best light.

We hope no unforeseen circumstance will prevent the appearance of these articles regularly during the coming year. Last year we announced the publication of a series of articles on the Throat, by Dr. Cornwall. Their non-appearance was due to ill health. With improvement we may yet have these articles as promised. At least we shall endeavor to keep our pages alive during the coming year—make our journal something more than a bundle of reprints.

The Reason Why.—There are several reasons why the sending of the JOURNAL to subscribers who have not been heard from in a long time, is a bad policy. In the first place it takes money to run a medical journal, and if copies must be given away, the gift had better be in the form of a sample copy to some one who has not seen it, than to one who has and does not care enough for it to forward a dollar at the beginning of each year.

When we took hold of the JOURNAL there were the names of several on the list who had not been credited since the beginning of the first volume. Upon writing to some of these we found they had been dead for several years. The postmaster of a certain place where a delinquent subscriber was supposed to be and to whom we still sent the JOURNAL, wrote as follows: "*Dear Sir*—You need not send the JOURNAL to Dr. Blank any more. He is dead and did not leave money enough to bury him." Others might better have been dead, for they never responded though written to a number of times, and we say it to their shame that some who would fain be considered as among the prominent eclectics of California have received and read our JOURNAL as long as it was sent to them, but when asked for the pittance of the subscription price have been as silent as the grave. So much for some large-souled eclectics who profess to desire to see our cause prosper. Others who had probably not been asked for back dues before, responded nobly.

We also found that the JOURNAL had been forwarded a long time to some addresses where physicians had changed locations. Now we desire all the paying subscribers we can get, but we do not expect to follow them into kingdom come and ask for back dues, nor do we expect to hunt them up after they have moved several hundred miles away. We prefer to have our subscription price early. Of course, where physicians are personally known to us it is different, but otherwise we consider the subscription price the proper guaranty that a subscriber has not moved or died.

The State Society.—The State Society convened, as previously announced, at 232 Sutter street, San Francisco, at 12 M., December 9th, 1884.

The attendance was rather slim in the start, a number of communications being in the hands of the Secretary from absent members regretting inability to be in attendance, pleading press of business, etc., as excuses. But the audience gradually increased until a fair congregation of intelligent and earnest physicians was on hand for business.

The evening session of Dec. 9 and both sessions of Dec. 10 were interesting and instructive, almost every member present participating and aiding in making the meeting a success. We have attended a number of medical gatherings, but never one where more zeal or better harmony was manifest. A number of the old members were at their posts, faithful as of yore. A number of others, who should have manifested an interest, were not to be found.

Several new names were added to the roll, and the active membership, thus, we trust, augmented in number. Some of the old members of the society seem to have become dolefully lukewarm, and were it not for the infusion of younger blood we do not know but the society would dry up and be blown away by one of the north winds. This we say with no disrepect to those who are faithfully at their posts at all seasons, but of the old members, able as they are, there seems but a corporal's guard left.

Adjournment was dated to the fourth Tuesday in April next, when a special meeting will be held in San Francisco, to decide whether the annual meeting shall be held as heretofore in December or whether after our next regular annual meeting it be held in April. Let us have a good attendance.

Equitation and Bicycling as Causes of Impotency.—A late number of the *London Lancet* calls attention to one of the evils liable to result from the use of the bicycle. Pressure upon the perineum if too constant tends to the production of loss of virility, especially if the pressure be exerted upon the prostate gland. Equitation or horseback riding, if carried to excess, results in a final waning of sexual power from prostatic irritation thus engendered, and it is a matter of historical fact that the Tartars, a race of people who almost spend their lives on horseback, are notoriously prone to impotency, as are other nomadic races who roam on horseback the greater part of their lives. Heredity must finally assert its influence, and who shall deny that one of the probable causes of the physical degeneracy of that once vigorous people which of old followed Tamerlane in his brilliant raids into the western civilization of the eastern continent, sweeping everything before them, owes its origin largely to this source? Stranger causes have produced as important results.

Bicycling, when the vehicle is forced rapidly over the ground, requires the operator to lean well forward upon the saddle, so that the weight of the body is thrown upon the prostate, and membranous portion of the urethra, and when this is followed to excess a chafing of the parts is almost certain to result in irritability of the prostatic portion of the urethra and in sexual neurasthænia. To those who fully realize the far-reaching effects of causes which operate, slowly but surely, the subject is one of grave importance.

The Surgical Treatment of Epilepsy.—Epilepsy is apt to appear, where there is a predisposition to it in girls, about the menstrual period, and here the attacks seem to be influenced in their onset by the menstrual function—the attacks occurring periodically and to correspond with the molimina.

It has been recommended as a curative measure in such cases to remove the uterine appendages—the ovaries and fallopian tubes. Such a measure seems a little radical unless positive benefit can be confidently predicted, for the operation is certainly attended by considerable danger to life. However, Lawson Tait has operated successfully in a number of cases for this difficulty without fatal results, though the operation can hardly yet be considered one of the legitimate operations in surgery. Gynecologists have not yet settled the question as to whether the results are worth the risk imposed upon the patient's life.

The supposition that the removal of the ovaries unsexes a woman is a mistaken one. Menstruation continues, and the sexual appetite and capacity for enjoyment remain. It simply destroys the power of reproduction.

In some of the intensely painful affections of the ovaries the operation may be attempted with good prospects of benefit. The good to be derived from operations for the relief of menstrual epilepsy seems to be not very pronounced.

Now is the Accepted Time.—Last January we sent sample copies to a number of new names, hoping for their subscriptions. Some responded at once, while others waited until several months had passed, and others until near the last of the year, then wrote for back numbers, wishing the complete volume for binding. These we could not supply because they were exhausted.

We have, at considerable expense, obtained a large list of names of physicians who should read our JOURNAL—who will miss a treat if they do not. To these the surplus copies of each issue will be sent until all have seen a specimen. Those who want it should forward a dollar at once, in order to be sure of the complete file for the coming year.

A Stitch in Time. — Subscribers who change locations should notify the publisher at once, as we do not intend to forward the JOURNAL several months to an old address and then send the same numbers to a new location without extra charge. Orders for back numbers should be accompanied by the cash, unless persons ordering are personally known to us. Even then cash orders are the better way.

A New Dress.—The JOURNAL has heretofore, with the exception of the August and September numbers of last year, been printed with small pica type. During the coming year it will be printed with long primer, leaded, so that it will be more sightly and also present a more open full face to facilitate perusal, while the pages will contain a little more material.

* * *

NOTES.

Balsam of Peru is highly extolled in pruritis ani. Reliable remedies for this affection are not plenty.

According to a recent calculation, sixty-seven deaths occur on the globe every minute. The same authority estimates the births at seventy per minute.

We have been a little later than usual this month on account of press of business at the printing office. Next month look for the JOURNAL earlier.

To those who receive this number we would suggest the propriety of forwarding us a dollar and receiving each issue regularly throughout the year. We promise to keep awake.

An Arabian physician tests urine for sugar by pouring some of the liquid on the ground near an ant hill. If the ants are attracted to the spot saccharine elements are believed to be present; if absent, so are the ants.

In one of the lectures of the late Prof. Rogers, he stated that an antidote for arsenic almost as good as the hydrated oxide, may be made by mixing the officinal chloride of iron and bicarbonate of sodium, and these are almost always at hand.

A few mutterings come to us upon the wind because, to use an Oscar Wilde-ian expression, we are too-too Eclectic in our views for the contracted ideas of sectarianism. To such we would say, "He is the freeman whom truth makes free," and he alone.

Several subscribers have written for back numbers of the JOURNAL which are exhausted. The proper way to obtain our files is to subscribe regularly and we will see to it that each number is supplied promptly. If by any oversight a number fails to appear, we should be notified at once.

The office of publication of *The Therapeutic Gazette* has been removed from Detroit, Michigan, to 1925 Chestnut street, Philadelphia, Pa. Its editorial department will hereafter be conducted by Horatio C. Wood, M. D., and Robt. M. Smith, M. D. Subscription price, $2.00 per year.

A "regular" practitioner of Oakland, a member of the "Oakland Hospital" free clinic staff, was recently called to attend a little girl who had wounded her foot on a rusty nail and was threatened with tetanus. His diagnosis was "Mumps." The child died the following day with lockjaw. Not an "irregular" this time.

Prof. Howe and Dr. Fordyce Barker commend apiol highly in difficult menstruation of uterine origin. Prof. Howe advises its alternation with macrotys or pulsatilla in plethoric females, during the week that precedes the menstrual period. Apiol is an oily liquid obtained from the parsley (apium petroselinum). The dose varies from ten to fifteen drops.

Chloral hydrate is recommended as a substitute for cantharides, as a vesicant. Sprinkle powdered chloral on ordinary adhesive plaster, melt it with a gentle heat and apply to the part. In ten minutes vesication will be complete. Its advantages are: rapidity of action, less pain, freedom from danger of absorption of cantharadin, and the plaster may remain on until the sore is healed.—*New York Medical Times.*

Two years ago we recommended chloroform in the treatment of tape-worm on the authority of Dr. Smith in the *Medical Tribune.* Since that time it has become quite a popular remedy, but Dr. Smith, the first to call attention to it, has never received any credit except that given by us. His article antedated all other notices of the agent for that purpose. We are accustomed to such steals, however. Eclecticism has donated a number of such bits of practice to a profession which affects to despise it.

The Secretary of the State Society has handed us the books of the Society containing a report of the last meeting, but we have no time to condense it and it is too voluminous to interest the general reader; therefore it will not be likely to appear. Country members should have been present to have known what was going on. We hope next April will find a strong force of country members on hand to assist in adding interest to the occasion. Dr. M. H. Logan is the Secretary and can supply any needed information. His address may be found in the advertising pages of the JOURNAL.

Bismarck, the German notoriety, became overburdened with fat, probably the result of too much schnapps, and desired to be made lean. The "regular" profession in the country had not given special attention to the antifat business and B. waddled about like a stuffed sausage until Dr. Schweninger, a homeopath, and as the regulars there and elsewhere love to style such, "a quack," turned up and removed some of the noble obesity. This pleased B. and in his gratitude he elevated S. to a professorship in the Berlin University. Since then there has been a great commotion among the geese on account of the advent of the "quack." Poor devils!

The composition of *nitrous oxide* (laughing gas) is the same as that of common air, except that it has a larger proportion of oxygen; and its anæsthetic effect is thought to be due to its oxygen. Deep and rapid breathing, by supplying an excess of oxygen to the blood, has been found to be an anæsthetic of considerable value. Many operations rendered painless by this measure have been reported. We wish to suggest that this forcible ingestion of oxygen (oxygen is a gaseous food) may be made a valuable therapeutic procedure. Habitual deep breathing will doubtless benefit many cases of anæmia, mal-nutrition, etc., provided that the air be pure. Indeed, we can scarcely imagine any abnormal condition that might not be benefited in this way. Those persons who lie awake at night and toss about restlessly, vainly trying to go to sleep, will find deep and rapid breathing for several minutes to be a sweet and grateful composer.—*Medical World.*

BOOK NOTICE.

ELECTRICITY IN MEDICINE AND SURGERY, by G. C. Pitzer, M.D. Professor of Theory and Practice in the American Medical College, St. Louis; Clinical Lecturer at the City Hospital, St. Louis; Editor of the *American Medical Journal;* Author of "Direct Medication" and "Alcohol as a Food, a Medicine, a Poison and a Luxury." Published by the author, St. Louis, Mo.

For many years we were skeptical regarding the permanent beneficial results of electricity in the treatment of most forms of disease, viewing those who advocated its use much as we did the high dilutionist homeopath, but practical test has caused us to change our mind. We now consider it one of the most useful agencies possessed by the profession, particularly in the treatment of chronic disease.

One obstacle with which we met when we were disposed to investigate this subject was, that the authors whom we consulted had prepared their works for specialists, or for those who had time and disposition to master the subject. They obscured their subject with so many technicalities and interwove the facts with so much of conjecture that, with our limited time, we failed to appropriate enough of the practical to make a commencement. However, while making investigations upon some phases of nervous disease, such unqualified assertions were made by the late Dr. Geo. Beard as to give us sufficient confidence to make a fair trial of the agent. This led us to the perusal of several authorities. We found that Dr. Pitzer's work contains, as he says, the practical facts embodied in all of them, which he has given us quite as intelligibly as any and free from technalities. The work is admirably adapted, as it is designed, for those who have not the time to study through all of the literature of the subject to get the facts needed to administer the agent. There is not a book written that we would as freely recommend, for the purpose for which it is intended, as this little work on electricity.

C.

A MANUAL OF BANDAGING. Adapted for Self-Instruction. By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynæcology, Michigan College of Medicine, etc., etc., with one hundred and thirty-five engravings. Second edition. Price, post-paid, $1.50. Published by the author at Detroit, Mich.

This work has been before the profession a number of years and has proven a reliable source of instruction and reference. One can hardly imagine a need for a bandage but the manner of applying it, clearly illustrated and briefly but lucidly described, may be found in its pages. In the late revision a number of valuable additions in the way of instructions for bandages for the upper and lower extremities, immovable dressings, and applications for spinal disease have been added. Physicians and students alike will find this work worthy of favorable consideration.

DISEASES OF THE MALE URINARY AND MALE SEXUAL ORGANS. By Wm. T. Belafield, M. D., author of "Relations of Micro-Organisms to Disease, Pathologist to the Cook County Hospital, etc., etc. Published by Wm. Wood & Co., 56 and 58 Lafayette Place, New York.

This is the October number of *Wood's Library* for 1884, and it fully sustains its reputation for excellence of material. The subject treated is one of the most important in the field of medicine, and this author has considered it with a system of thorough analysis which cannot fail to add new light in many instances.

SELECTIONS.

THE DRY TREATMENT OF CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

By Charles J. Lundy, A. M., M. D.,
Professor of Diseases of the Eye, Ear and Throat, in the Michigan College of Medicine, Detroit.

Mr. President and Gentlemen—Within the past two or three years the resources of the aural surgeon have been greatly increased by the introduction of new remedies, and also by the use of old remedies in a new way.

The so-called dry treatment of that disgusting and dangerous affection, chronic suppurative inflammation of the middle ear, has come into vogue, and, in appropriate cases, the plan has proven highly beneficial.

All of you are aware that dangerous complications may arise in the course of a chronic suppurative inflammation of the tympanic cavity, and, doubtless, many of you have seen examples of caries and necrosis of the temporal bone, mastoid abscess, meningitis, cerebral abscess, or death, which occurred as the result of a neglected suppurative otitis media.

I regret that my time and space will not permit a consideration of the *sequetur* of this disease or a discussion of the complications which may arise in its course, and of the best means of managing them. Neither shall I attempt to discuss, in a general way, the treatment of the disease itself, nor all the remedies employed for that purpose, but shall confine my remarks to the so-called dry treatment of the affection. By way of preface, however, it must be said that all remedial complications must be removed before beginning the treatment of the tympanic inflammation. For example, if aural polypus or granulations exist, they should be destroyed or removed, and so it is also with removable pieces of necrosed bone, either in the mastoid or elsewhere. Should a mastoid abscess be present, it must, of course, be evacuated by operative procedure. The necessity of attending strictly to these points cannot be too strongly impressed upon the surgeon. The advantages which the dry treatment of chronic suppurative otitis media seems to offer are:

1. The constant medication of the parts in a manner which is well nigh impossible by any other means.

2. The thorough and continuous disinfection of the parts, and the destruction of micro-organisms.

3. The absorption of the discharges and protection from their irritating properties.

4. Protection from atmospheric influences.

The constant medication of the diseased surface can be best effected by remedies in the form of powder. If a portion of the powder becomes dissolved by the discharges, fresh particles of powder supply the place of that dissolved. Besides this, a much larger quantity of the drug can be thus applied than it would be possible to use in liquid form. The discharges from most ears affected with chronic suppuration swarm with micro-organisms, and their destruction is a matter of much importance. This destruction can be more easily and more thoroughly accomplished by means of dry treatment than by any other. It is true, remedies in liquid form can be advantageously employed, but if used of sufficient strength to accomplish the desired result, they may and often do irritate the ear. Then, again, the action of the remedy is not continuous, as is the case when powders are employed. The disgusting odor of the discharge is what drives the patient to seek relief in many instances, and if the relief can be easily and speedily obtained, it inspires the patient with confidence, and he will give the physician an opportunity to accomplish a cure. The boracic acid powder, or the boracic acid and resorcin, very effectually destroy the foul odor of a suppurating middle ear, and either of them is less irritating than any equally effective agent that we can use in liquid form. The perchloride of mercury, another powerful disinfectant and germicide, may be used with boracic acid or with bismuth.

The discharge itself, in many cases, is very acrid and irritating. As a result of this we sometimes find inflammation of the dermal lining of the external auditory canal. It is practically impossible to remove these discharges sufficiently often to prevent their accumulating in the auditory canal, and their presence is a source of much mischief and discomfort. Especially when eczema of the canal exists, do we find the bad effects of irritating discharges. In such cases, powders afford us a vast advantage over liquids. If the discharges are sufficient to irritate and inflame the dermal covering of the canal, they must also be a source of much irritation to the drum itself, and any means which will prevent such irritation must offer special advantages. The discharges can be absorbed to a considerable extent by the use of powders, and this is an important point in their favor. Of course a discharge may be so profuse as to render the action of the powder *nil*, because the powder may become super-saturated before it has had time to exert any beneficial influence.

That protection from atmospheric influence is a matter of much importance, all will concede. It is an important measure, not only in the treatment of chronic suppurative otitis media; but also in all cases of aural inflammation, especially if the inflammatory action is attended with discharge. A draught of cold air should never be allowed to blow upon an ear whose drum membrane is not intact. Of itself a draught of cold air is often sufficient to excite an acute inflammation of the ear, and if so, it must be capable of exciting a decidedly injurious influence when the membrana tympani is perforated. Then, germs, dust, etc., may be carried into the tympanic cavity if it is not protected. Now, the use of powders affords us complete protection from the injurious atmospheric influences; and, indeed, some aural surgeons believe that this protection is the chief advantage which the dry treatment possesses over the moist.

I do not pretend to claim that powders should be used to the exclusion of remedies in other forms, and it must be admitted that in certain classes of cases the dry treatment does not produce satisfactory results. While no very definite plan can be laid down for the management of individual cases, yet some rules can be formulated for our guidance in a general way. The so-called dry treatment would seem to be contra-indicated under the following circumstances:

First—When the discharge is so profuse that the powder becomes super-saturated with it before it has had time to exert any beneficial influence. In such cases the remedy does not afford any of the advantages of the dry treatment, and may do harm instead of benefit. I have seen several cases where the dry treatment proved a failure in the hands of others, and this failure was due to the fact that the powder became thoroughly saturated within an hour or two after its application. Sometimes the abundance of discharge was due to one cause, and sometimes to another; but usually to the presence of large granulations or to polypi.

Second—When granulations or polypi exist, whether accompanied by excessive discharge or not, the dry treatment should not be employed until these bodies are destroyed or removed. Powdered boracic acid will, however, in some instances, cause the destruction of granulations and polypi as will be seen in the report of cases.

Third—Where the disease is complicated by necrosis of the temporal bone. In such cases it should be our aim to get rid of the dead bone, and to such end we should encourage nature in her efforts instead of impeding her.

Fourth—When mastoid abscess is present or is suspected. Here everything should be done to favor the outflow of pus, and any treatment of the tympanic cavity, except cleanliness, must be useless so long as we have a suppurative process in the mastoid cells. Of course, such abscess should be at once evacuated by operative procedure.

Fifth—When there is any good reason to suspect the presence of meningeal or cerebral complications.

The remedies which may be used in dry form are numerous, although I have confined myself to the use of a few. Boracic acid I have found to meet the indications in the majority of cases. When absolutely free from impurities, such as sulphuric acid, etc., it is a valuable therapeutic agent. But, strange as it may appear, it seems difficult to get an absolutely pure preparation of boracic acid. Quite often the failure to cure a given case of chronic suppurative otitis media is attributed to the acid, when in reality the failure is due to some impurity in the powder which keeps up an irritation of the ear. I have had some very unpleasant experience with impure preparations of this drug. In several instances where an impure article proved irritating and aggravated the disease, a sample free from impurities quickly effected a cure.

I have found the boracic acid manufactured by John Wyeth & Bro., to give uniformly satisfactory results.

Boracic acid and resorcin—seven parts of the former to one of the latter—also form a good combination of two very powerful antiseptic agents. The resorcin is too soluble to be used alone, and therefore its union with some other agent is advisable.

Bismuth, subnitrate and perchloride of mercury, one or two grains of the latter to the ounce of the former, make a very valuable compound for certain cases. The bismuth is a great absorbent, and the corrosive sublimate is not only a valuable disinfectant but a powerful germicide. When chronic suppurative inflammation of the tympanic cavity is complicated by a dermatitis or ulceration of the auditory canal or by eczema, the combination of bismuth with corrosive sublimate is especially valuable. The mercurial may also be combined with boracic acid if desired. In this way numerous compounds can be formed; but a few will answer every purpose. I have found as much advantage from the use of pure boracic acid as from the acid combined with other substances.

In common with many other aural surgeons who employ powders in the treatment of chronic suppurative otitis media, I pay great attention to the thorough cleansing and drying of the tympanic cavity and external auditory canal before using the powder. These may seem to be unimportant points, but if ever the adage, "What is worth doing at all is worth doing well," were fully illustrated, it is in regard to the importance of thoroughly cleansing and drying the ear before treatment. As a rule three agents are necessary to cleanse the ear—the syringe, the Politzer bag and the cotton mop. In some cases, however, the use of a syringe may be dispensed with; but I do not think any harm comes from the proper use of the syringe as some writers would have us believe. After the ear has been cleansed a small quantity of the dry powder may be blown into the deeper portion of the canal; and even into the tympanic cavity itselt, and then the canal may be loosely filled with the powder. If the surgeon has no powder blower, he can improvise one by using a quill. The powder may be allowed to remain in the ear one, two or more days, or until it gets moist. When it becomes moist it should be removed, the ear should be thoroughly cleansed and dried and the powder should be used as before. Some surgeons carry the dry treatment to the extreme, and contend that we should not use water and syringe to remove the powder, but should use the petroleum oil and cotton mop. To me this seems an unnecessary precaution. I have always syringed out the powder when I desired to remove it, and I have had some very brilliant cures made by this mode of treatment. I shall now take the liberty of citing a few cases in which the therapeutic value of remedies in dry form is well illustrated:

Case 1. Four years ago I had under my care a member of the Detroit police force. He had had for many years a suppurative inflammation of the middle ear. The greatest care was taken in regard to cleansing the ear each day with syringe, Politzer bag, and cotton mop, after which an application of some astringent was made. Although the discharge greatly diminished, and although the opening in the membrana tympani grew much smaller, I could not effect a complete cure; at least within a reasonable time. The patient passed out from under my care and observation until six months ago, when he came to inquire if anything farther could be done for his case. His ear had discharged constantly from the date of his previous visits, nearly three and a half years before. I decided to try the dry treatment which had been so frequently successful. The ear was thoroughly cleansed and the canal loosely filled with powdered boracic acid. This operation was repeated three times thereafter, when not only was the discharge stopped, but the drum membrane was entirely healed and the patient has remained well since.

Case 2. A child of William Gall was brought to me at the suggestion of the family physician, Dr. Inglis, for a suppurative otitis media of four or five weeks' standing. The discharge was both profuse and offensive, and from the tympanic mucous membrane projected several large granulations. The ear was cleansed as thoroughly as possible, and the canal was partially filled with boracic acid powder. When the powder became moist it was removed, the ear was thoroughly cleansed and the powder was again applied. The discharge diminished rapidly, the foul odor disappeared, and after seven applications the ear was well and the integrity of the drum membrane was restored.

Case 3. Miss A. was referred to me by Dr. Longyear of Detroit. She had had a suppurative otitis from childhood. She had been treated, but unsuccessfully. After cleansing the ear a polypus was observed projecting from the drum, and it was removed by the snare. To the remains of the pedicle a solution of chromic acid was applied. Next day, after thoroughly cleansing the ear with syringe, Politzer bag, and cotton mop, the boracic acid was used in the cases just related. Five applications of the powder were sufficient to completely check all discharge from this ear which had been suppurating for twelve years, and in which a polypus had developed.

Case 4. Chas. W. was referred to me by Dr. Jas. D. Munson for a long standing suppurative inflammation of the middle ear. There were two polypi in the ear, only one of which was removed owing to the dread of the operation on the part of the patient.

The treatment consisted almost exclusively of dry applications, mainly boracic acid. The polypus soon disappeared, the discharge stopped, and in a few weeks the drum membrane was entirely healed. This patient had suffered much from vertigo previous to coming under my care. This was probably due to pressure made by the aural polypi, for with the cure of the disease all vertiginous symptoms disappeared.

Many other cases could be reported, but they would be, to a certain extent, only a repetition of those just given, each of which differs, in some respects, from the other. In the first case the therapeutic value of boracic acid is shown in a simple, uncomplicated, but persistent case of chronic suppuration of the tympanic cavity. The persistency of this case might have been due, in part at least, to the occupation of the patient, which exposed him much to night air in all kinds of weather.

The second case illustrates how boracic acid corrects the foul odor of a suppurating ear, and at the same time removes granulations of the tympanic mucous membrane. The third case is an example of the importance of removing remediable complications, and at the same time shows the value of boracic acid in the general treatment of the disease after the complications are removed.

The fourth case illustrates how even polypi may disappear under the use of powders. It seems a little remarkable that it should occur, and although such occurrence is not rare, yet I must reiterate what was said regarding contra-indications, that these growths should be removed by operation.

In conclusion, I would say that while the use of powders is not always advisable, they meet the indications in a majority of cases, and by their use our field of therapeutics has been greatly enlarged, and our ability to control and cure a disgusting and dangerous disease has been greatly augmented.

THE MEDICINE OF IMAGINATION.

"La Medecine d'Imagination."

BY DR. CH. FERE.

"If the medicine of imagination be the best, why not make use of it?" The fact that this proposition was made by a disciple of Mesmer offers no reason why it should be rejected without examination. Let us then examine it. In 1869 Reynolds pointed out the existence of motor and sensorial troubles developed under the influence of an idea. The motor troubles were manifested sometimes in spasms or inco-ordinations, but more often in paralyses of the superior members; Erb describes them as "paraplegias by imagination," The type of these paralyses is furnished by Reynolds' first case—that of a girl who became paraplegic under the following circumstances: She lived alone with her father who, from repeated reverses of fortune, had become paralytic. She provided for the wants of the household by giving lessons which compelled her to make long promenades in the city. Under the influence of the fatigue entailed by these walks, the idea suggested itself to her imagination that she also might become paralyzed, in which event the situation would be terrible. Dominated by this persistent idea, she felt her inferior members become gradually weak, and in a short time walking became impossible. Reynolds comprehended the pathology of the affection and instituted a purely moral treatment. After repeated trials he convinced the patient that she could walk and she did walk. Another case is reported in which, without the presence of true motor incapacity, there existed a motor incoordination which made walking impossible. It was through a case of this kind that M. Charcot was led to study psychical paralyses and to demonstrate that their mental origin was entirely legitimate. We may, in the somnambulic period of hypnotism, suggest phenomena which persist after the subject is awakened. If, in a proper manner, we impress a somnambulic patient with the notion that he is paralyzed in the right arm, the limb loses its power of movement for some time after consciousness returns. M. Charcot has shown that these paralyses often present objective symptoms which permit their comparison with organic paralyses. Motor incapacity is in fact accompanied by exaggeration of the tendinous reflexes, and by spinal tremor (*trepidation spinale*) indicating that cerebral action is completely suppressed. Some writers have shown that there exists in these patients an exaggeration and a modification of muscular agitation, such as is provoked by the galvanic shock. More than this the patient cannot, with the healthy hand, find the one which is paralyzed; there is a loss of muscular sense. Finally, we may by the same proceeding, obtain either a paralysis with contracture, or a flaccid one. As Bernheim has said, "many subjects who have been hypnotized anteriorly may, without being hypnotized anew, present in their waking condition the same phenomena of suggestion even though such patients be awake. Battey, in confirming these researches, has shown that in certain subjects who have never been submitted to hypnotism, paralysis may be provoked by strongly impressing upon them the idea that they were to become paralyzed. Charcot, in repeating the various experiments, demonstrates that between the somnambulist and the subject capable of receiving suggestions in his waking condition, there is no broad line of demarcation. The transitions are gradual—a fact which enables us to comprehend accidental physical paralyses, and to demonstrate their reality.

We may be permitted to insist somewhat upon the terms "medicine by imagination" and "therapeutics by suggestion," for they are fully justified. Under the influence of a persistent idea suggested by anterior circumstances, a paralysis is developed; the doctor, using his authority, suggests the idea of cure as a necessary and incontestably powerful means of effecting it, and the disease is cured. The cure itself, as well as the development of the functional trouble, was determined by an idea. The idea therefore may be, according to circumstances, a pathogenic or a therapeutic agent. It is a notion which has not been properly interpreted. People have been in the habit of calling maladies of the imagination, imaginary maladies, and this confusion of terms has created a confusion of ideas. We have shown by a concrete fact that maladies of the imagination--those provoked by a fixed idea--are real maladies and indisputably objective symptoms. This being proven, it must also appear that imaginary maladies cannot exist—that is, purely fictitious maladies—since from the moment the patient permits himself to become dominated by the fixed idea that he is affected with any functional trouble, this trouble is developed in a certain degree. It should be added that those who are ill through imagination are not only affected with a local trouble; in order that they may become dominated by this idea of disease they must be peculiarly capable of excitation, and susceptible to suggestion. There must be a condition of congenital psychical weakness. This state coincides frequently with neuropathic manifestations or physical malformations. As Lasegue has said, "we cannot be hypochondriacs at will."

This distinction clears the way for the therapeutics of the imagination. When the hypocondriac asks the doctor's aid, the response is too often: "Your trouble amounts to nothing; it is only imaginary; do not worry over it." The sick man, who believes he has a pain and who is really suffering from a semblance of it, requires the conviction that his disease is unknown and that nothing can be done for him. The idea becomes intense in proportion to his confidence in the doctor; and this patient, sick through the imagination is likely in reality to become an incurable.

Those who undertake miraculous cures proceed differently. They do not deny the presence of the disease but arffim that they are going to cure it through the action of a superhuman power. They act by suggestion; they gradually inculcate the idea that the disease is curable, and the patient—impressed with the notion—makes it his own. Cures are often effected in consequence of suggestion, and when we say *it is faith which saves*, we make use of an expression which is rigorously scientific. To deny these miracles is no longer in the question; the point is to comprehend their genesis, and to learn to imitate them. The troubles are developed under the influence of suggestion. They are susceptible of cure under the influence of another suggestion of an inverse nature and of equal intensity. The moral treatment should consist in affirming that the patient is susceptible of cure, that he is commencing to get well, and that, finally, he is completely healed. When a believer associates divinity with his idea of cure, he expects the cure to be sudden and complete upon the occasion of a previously hoped for religious manifestation. In fact this result is often brought about. It was seen in the patient of Saltpetriere who was cured, at a religious ceremony, of a paraplegia with contracture which had lasted for seven years. A certain amount of weakness remained, a result due perhaps to the patient's prolonged lack of exercise. The debility passed away in a few days

When a doctor undertakes the cure of cases having a psychical origin, he can seldom, except in certain instances, inspire the necessary confidence without the use of slow methods, and these must be used with confidence and authority. It is a well ascertained fact that by hydropathy some doctors obtain, in hysteriform cases, more rapid results than are gained by others, the reason being that they act at the same time that they suggest. The same is true of massage, etc.

Most of the pathological manifestations which are cured under the influence of moral agents—paralytic, spasmodic and others—are hysteriform affections. This is a fact of the highest interest for the student of the genesis of these symptoms. If, in fact, the pathogeny of psychical paralyses has been a guide in the direction of radical treatment, we may also say, that inversely, in those phenomena of hysteria which are cured by moral influences, the mode of cure may direct us in pathogenic researches.

Symptoms which disappear under a psychical influence have, necessarily, a conscious psychical origin. If this origin escapes us in most cases, it is because suggestion may be produced by causes difficult to perceive. It is not only by strange voices that suggestion is given in excitable subjects, whether they are, or are hypnotized. Suggestion may be determined by very diverse actions upon each of the senses, the muscular sense included. Localized abnormal sensations play the same part in the production of certain phenomena in local hysteria. Suggestion may also be provoked in natural sleep—in dreams, for example.

If it is easy to comprehend the way in which these troubles taken together are originated, it is much less simple to establish the special psychogenic diagnosis in a given case. It is always useful to ascertain if the patient is hypnotizable, or peculiarly sensitive to a particular mode of suggestion. Paralyses, spasms of psychic origin, nervous anorexia and hysteria may be greatly influenced.

A nervous state cannot be improvised. He who suffers from it has not created it, it results most commonly from accumulated and progressive hereditary degeneration. The subject of the disease is not a chance sufferer in his family; those surrounding him often complain more or less of the same troubles. The neuropath lives in a nervous atmosphere. If suggestion has played a part in the development of the affection, moral treatment will have no action if the pathogenic idea is ceaselessly cultivated in this morbid atmosphere. The treatment will have no chance of success until after such a measure of moral hygiene as is to be found in isolation. This is still more necessary in the so-called epidemic manifestations of suggestion.

If a patient has swallowed what he calls fulminating bullets, the medicine we administer is suggestion, though we may give it in the form of a pill. When we inject pure water beneath the skin we inject suggestion hypodermically. We do not praise this medicine for the imagination except as against a category of well determined troubles having a psychic origin. Let no one accuse us therefore of pretending to kill microbes by moral suasion.—*Translation from Le Progres Medicale in Medical Abstract*, *N. Y.*

DEFINITIONS OF INSANITY.

"State of being insane, unsoundness of mind, derangement of intellect, madness."—*Webster*.

"State of being insane, lunacy, mania, want of sound mind, madness, delirium."—*Worcester*.

"A lesion of the intellectual faculties without pyrexia, and without coma."—*Cullen.*

"A prolonged departure, and without an adequate external cause, from the state of feeling and modes of thinking usual to the individual who is in health; also a morbid action in one, in several, or in the whole of the cerebral organs, and, as its necessary consequence, functional derangement in one, in several, or in the whole mental faculties which these organs subserve."—*Combe.*

"A disorder of the power of comparison or judgment."—*Connely.*

"A derangement of the mental faculties, morbid, apyrexial, and chronic, which deprives man of the power of thinking and acting freely as regards his happiness, preservation, and responsibility."—*Guislam.*

"A lesion in the association of ideas."—*Lelut.*

"The loss of the faculty of volition."—*Marc.*

"A cerebral affection, idiopathic or sympathetic, destroying the individual's moral liberty, and constituting a derangement of acts, tendencies, and sentiments, as well as a general or partial disorder of his ideas."—*Marel.*

"A deviation from or perversion of the natural or healthy state of the mind, as manifested either by the moral emotions and conduct, or by a partial or general disorder of the intellectual powers and understanding."—*Marel.*

"Those states of disordered mind in which a person loses the power of regulating his actions and conduct according to the ordinary rules of society."—*Taylor.*

"A condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts have, separately or conjointly, been produced by disease."—*Bucknill.*

"The inability of the individual to correctly register and reproduce impressions (and conceptions based on these) in sufficient number and intensity to serve as guides to actions in harmony with the individual's age, circumstances and surroundings, and to limit himself to the registration, as subjective realities, of impressions transmitted by the peripheral organs of sensation, or the failure to properly co-ordinate such impressions, and to thereon frame logical conclusions and actions; these inabilities and failures being, in every instance, considered as excluding the ordinary influence of sleep, trance, somnambulism, the common manifestations of the general neurosis, such as epilepsy, hysteria and chorea; of febrile delirium, coma, acute intoxications, intense mental preoccupation, and the ordinary immediate effects of nervous shock and injury."—*Spitzka.*

"Madmen do not appear to have lost the faculty of reasoning; but having joined together some ideas very wrongly, they mistake them for truths, and they err, as men do that argue right from wrong principles."—*Locke.*

"An impairment of the mind, manifested by intellectual, moral and emotional perversion, and due to physical changes of the brain other than those temporarily produced by intoxicants or the poison of fevers."—*Hamilton.*

"Disorder of brain, producing disorder of mind; or to define its nature in greater detail, it is a disorder of the supreme nerve centers of the brain—the special organs of mind—producing derangement of thought, feeling and action, together or separately, of such degree or kind as to incapacitate the individual for the relations of life."—*Maudsley.*

"An individual is insane when the understanding is diverted or changed in its operations; when he is powerless to avail himself of his intellectual faculties, or to make known his wishes in a suitable manner."—*Hoffbauer.*

"A psychic manifestation of brain disease."—*Cruse.*

"A chronic disease, manifested by deviations from the healthy and natural state of the mind, such deviations consisting either in a *moral perversion* or a disorder of the feelings, affection and habits of the individual, or in *intellectal derangement,* which last is sometimes partial, namely, in *monomania,* affecting the understanding only in particular trains of thought; or general, and accompanied with excitement, namely in *mania* or *raving madness;* or, lastly, confounding or destroying the connections or associations of ideas, and producing a state of incoherence."—*Pritchard.*

"In a person awake, a false or mistaken judgment of those relations of things which, as occurring most frequently in life, are those about which the generality of men form the same judgment, and particularly when the judgment is very different from what the person himself had usually formed. There is generally some false perception of external objects; and such false perception necessarily a delirium or erroneous judgment, which is to be considered the disease."—*Cullen* (*First Series*).

"A maniac!
Know ye the meaning of that word,
Ye who of health and reason art possessed?
Can ye scan
Tumult raging in the inner man?
Could'st thou draw aside the curtain
That doth envelope his distracted soul,
And see behind it what he doth conceive is real,
Then might'st thou see him scorched
'Pon bars of iron, heated red by fire
Enkindled 'neath them. On every side
Are those whose office 'tis (it so doth seem to him)
To see it is not quenched. Should this delusion leave him,
His poor distracted soul will by some new fear,
Be tempest tossed; then will he fancy
Everything that he doth see or hear,
And cannot comprehend, is but some method
To destroy or harm him!
Thou can'st not know nor feel,
O ye, whom God has blessed with reason,
A tithe of what he suffers;
For this to know or feel,
Thou must become, like him,
A maniac!"

—*Asylum, Utica, N. Y. By an Insane Patient.*

"An aberration of any mental power from a healthy state, with an inability on the part of the individual to discern its unhealthiness."—*Elliotson.*

"If an individual have feelings so strong that he cannot control them, he is not an accountable being—he is insane."—*Spurzheim.*

"The state of being unsound in mind; derangement of intellect—madness."—*Ogilvie.*

"Madness is the sleep of the spirit, with certain conditions of wakefulness; that is to say—lucid intervals."—*Coleridge.*

"A fever of the mind."—*Cowper.*

Moral Insanity.—"A morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder of the intellect or knowing and reasoning powers, and particularly without any insane illusion or hallucination."—*Pritchard.*

General Insanity.—"A derangement, in a greater or less degree. of all the cerebral functions connected essentially with mind."

Partial Insanity.—"A derangement, of one or a portion only of these functions."—*G. B. Wood, M. D.*

"A deviation from or perversion of the natural and healthy state of the mind, as manifested either by the moral emotions and conduct, or by a partial or general disorder of the intellectual powers and understandings."—*Copeland.*

"A generic term comprehending every grade of *perversion* of the *moral*, or of the *intellectual*, or of the *instinctive manifestations of mind*, or of any two of all these classes of manifestations from a healthy state."—*Copeland.*

Insane Witnesses.—The United States Supreme Court has recently decided that "a lunatic or person affected with insanity is admissible as a witness if he has sufficient understanding to apprehend the obligation of an oath, and to be capable of giving a correct account of the matters which he has seen or heard with reference to the question at issue; and whether he has that understanding is a question to be determined by the court, upon examination of the party himself and any competent witnesses who can speak to the nature and extent of his insanity.—*The College and Clinical Record, Nov. 15th, 1883.*

Too Late to Mend.—We intended the January number of the JOURNAL should be as good if not a little better than any other during the year, and perhaps time will prove this to be the case. Nevertheless we are mortified to find at this late day that the printer has overlooked a number of pages of editorial, thus very much abridging this department. Possibly, however, the reader will congratulate himself on an escape from any further infliction.